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Form **990** 

Department of the Treasury
Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2010

Open to Public Inspection

ΔF	or the 2	010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011										
	heck if ap	C Name of organization		D Employe	r identificat	ion number						
_	ddress ch	INTERNATIONAL REPOBLICAN INSTITUTE		52-1340267								
_		Doing Business As										
_	ame char	E Telephoi	ne number									
_	ııtıal retur	1225 EVE STREET NW NO 700	(202)4	08-9450								
Te	erminated		C Cross ros	ounts & 7F 40	4 554							
- Ar	mended r	eturn Cıty or town, state or country, and ZIP + 4 WASHINGTON, DC 20005		<b>G</b> Gloss lec	eipts \$ 75,49	4,334						
A <sub>I</sub>	pplication	pending										
		F Name and address of principal officer	H(a) Is this a g	group return for a	affiliates? \( \square\) Ye	s V No						
		LORNE W CRANER 1225 EYE STREET NW NO 700										
		WASHINGTON, DC 20005	<b>H(b)</b> Are all a			☐ Yes ☐ No						
			If "No, <b>H(c)</b> Group			structions)						
I T	ax-exem	pt status	H(C) Group	exemption	number F							
J V	Vebsite	:► WWW IRI ORG										
<b>V</b> Fo	rm of ora	anization	L Year of form	aation 1092	M State of	legal domicile DC						
	art I	Summary	L Teal of foli	iation 1903	III State of	legal doffficile DC						
		·										
		riefly describe the organization's mission or most significant activities .DVANCE FREEDOM AND DEMOCRACY WORLDWIDE DEVELOPING POLITIO	CALPARTIES	s, CIVIC II	NSTITUTIO	ONS, OPEN						
ሧ	<u> </u>	LECTIONS, GOOD GOVERNANCE AND THE RULE OF LAW										
Ĕ	-											
≣												
Governance	2 (	2 Check this box ┡─ if the organization discontinued its operations or disposed of more than 25% of its net assets										
	3 1	lumber of voting members of the governing body (Part VI, line 1a)		3	3	29						
8	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)		4	1	29						
Activities &	5 1	otal number of individuals employed in calendar year 2010 (Part V, line 2a) .		5	287							
ទូ	6 ⊺	otal number of volunteers (estimate if necessary)	-	5	200							
•	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12		7	а	0						
	Ь≀	let unrelated business taxable income from Form 990-T, line 34		7	ь	0						
			Prior	Year	Cur	rent Year						
а.	8	Contributions and grants (Part VIII, line 1h)	8	35,458,31	3	75,493,223						
Ĕ	9	Program service revenue (Part VIII, line 2g)		(		0						
Rayenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		920	+	1,331						
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-172,953	3	-59,889						
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		35,286,280		75,434,665						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		1,432,767		2,586,872						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		, ,		0						
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines										
Expenses		5-10)		16,857,846	+	17,275,587						
₹	16a	Professional fundraising fees (Part IX, column (A), line 11e)		50,000	0	37,500						
표	b	Total fundraising expenses (Part IX, column (D), line 25) • 37,500										
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		57,004,518	_	55,486,259						
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	8	35,345,13	+	75,386,218						
	19	Revenue less expenses Subtract line 18 from line 12		-58,85	L	48,447						
Net Assets or Fund Balances			Beginning Ye		End	l of Year						
Page 4	20	Total assets (Part X, line 16)		1,219,68	3	10,475,459						
48. 48.	21	Total liabilities (Part X, line 26)	<u> </u>	8,427,063	+	7,634,392						
#£	22	Net assets or fund balances Subtract line 21 from line 20		2,792,620	+	2,841,067						
	rt III	Signature Block		= 1. 2 2 10 2 0		_,,_						
		tics of navium. I declare that I have evamined this nature including acce										

Under penalties of perjury, I declare that I have examined this return, including acco knowledge and belief, it is true, correct, and complete. Declaration of preparer (other knowledge.

	*****		·											
Sign	Signature of officer													
Here	LORNE W CRANER PRESIDENT													
	Type or print name and title													
	Print/Type preparer's name  JAMES P SWEENEY CPA	Preparer's signature	JAMES P SWE											
D	preparer 3 name		JANES E SWE											
Paid	Firm's name 🕨 MCGLADREY LLP													
Dranarar														
Preparer	Firm's address 8000 TOWERS CRESCENT DR STE 500													
Use Only														
	VIENNA, VA 221826205													

May the IRS discuss this return with the preparer shown above? (see instruction

Par	t III			rvice Accompl esponse to any qu		art III    .			৮
1	Brief	y describe the or	ganızatıon's mıss	ion					
						GPOLITICAL	PARTIES, CIVIC	INSTITUT	IONS, OPEN
ELE(	CTION	S, DEMOCRATIC	GOVERNANCE	AND THE RULE C	FLAW				
2				ficant program se				┌ Yes │	✓ No
	If "Ye	s," describe thes	e new services or	Schedule O					
3			ease conducting,	or make significan	t changes ın ho		any program	┌ Yes	✓ No
	If "Ye	s," describe thes	e changes on Sch	edule O					
4	Section	on 501(c)(3) and	501(c)(4) organi		n 4947(a)(1) t	rusts are requ	program services ired to report the a reported		
	(Code	e	) (Expenses \$	8,329,716	including grants o	of \$	) (Revenue \$		)
	PROC OFFIC COUN WITH AN EL AFGH DIREC OPIN:	ESS BY PROMOTING TE INCREASED AFGH ITRY BY THE END OF REPRESENTATION IN ECTION OBSERVATIO AN OBSERVERS AND CTED MEDIA PROGRA ION RESEARCH TO AS	CITIZEN POLITICAL P IAN ELECTORAL PART F SEPTEMBER 2010, I N 90 PERCENT OF ALL IN MISSION WHICH R FIVE TEAMS OF INTEL IMS TO EDUCATE AFG SSESS AFGHAN SENTI	ARTICIPATION AND IM ICIPATION IS PROMOT RI-SUPPORTED ISSUE. DISTRICTS THROUGH FELIED ON REAL TIME IRNATIONAL OBSERVER SHANS ABOUT THEIR E	PROVING THE CAPED BY TRAINING COBSTON THE COUNTREPORTING VIA MCS OF DISPERSED ACRUSTONS, IRI SUPP	ACITY OF INDEPE ANDIDATES AND S REACHED A CO LY FOR THE PARL DBILE TELEPHONE OSS 12 PROVINCI S AND CONDUCT DRTS THE GROW	ES COMPLEMENTARY T ED BOTH QUANTITATIV TH OF SOCIAL MOVEME	O EFFECTIVEL ASED COALITIC OF MORE THA S IN SEPTEMB IATED TRACKI O THESE INIT E AND QUALIT	Y RUN FOR ELECTIVE DNS ACROSS THE N 150,000 AFGHANS E2010, IRI FIELDED NG SYSTEM FROM 160 IATIVES, IRI ATIVE PUBLIC
	/C		\ /F +	6 240 554			) (B +		
4b	INCLU EXPAI AND : DIALO THAN RESE	POST-ELECTION INIT JDING LEADERSHIP A ND DEMOCRATIC INS INCREASING EFFECT! JGUE BETWEEN IRAQ 6,000 IRAQIS TO HO ARCH, WHICH ENCOL	IT THE PROVINCIAL LE ITITUTIONS NATIONW IVENESS IN LEGISLAT I ELECTED OFFICIALS DLD THEIR GOVERNME URAGES MORE SOPHI	EVEL, POLITICAL PARTI IDE IRI HAS FOCUSEI VE DRAFTING TO DAT AND THEIR CONSTITU INT ACCOUNTABLE IR	ES, CIVIL SOCIETY O ITS WORK ON BI FE, IRI HAS SUPPO JENTS THROUGH I CONTINUES TO T PARTY OUTREACH	D GRANT, IRI WO ORGANIZATIONS RINGING GREATER RTED 115 TOWN THESE EVENTS, II RAIN POLITICAL I AS A RESULT OF	HALL MEETINGS THRO RI CIVIL SOCIETY PART PARTIES ON THE IMPO THESE TRAININGS, TW	C TANKS, TO S D TRANSPARE! JGH THIS GRA NERS HAVE E! RTANCE OF PL	TRENGTHEN AND NCY TO GOVERNMENT, NT, FACILITATING MPOWERED MORE JBLIC OPINION
<b>4</b> c		NCING CREDIBILITY				41)UNDER THE C	536,281 ) (Revenue \$ URRENT GRANT IRI AS ON ELECTORAL AND CO	SISTED VARIO	
	THE E DATA PLATE TOOL TRAN WITH YOUT FOST	ELECTIONS TO BETTE ON THE TOP PRIORI FORMS THAT REFLEC IN NIGERIA'S CONTI SPARENT ELECTORAL LOCAL NIGERIAN ME H, WOMEN AND PEOI ERING CIVIL SOCIETY	ER ENABLE NIGERIA'S TIES OF CONSTITUEN TED THE NEEDS OF T NUING DEMOCRATIC PROCESS, IT CAN AI DIA AND INTERNATIC PLE WITH DISABILITIE / DEVELOPMENT AND	POLITICAL PARTIES TO CIES AND BASED ON HEIR CONSTITUENCIE DEVELOPMENT IN AD SO GREATLY INFLUEN NAL MEDIA EXPERTS S HAVE TRADITIONALI	O ADDRESS CITIZE THIS INFORMATIO S IRI RECOGNIZE DITION TO PLAYIN CF PUBLIC PERCE TO ENSURE THAT I LY BEEN DISENFRA Y FLOURISHING AE	N AND COMMUNI N, PARTIES IMPR S THAT A VIBRAN' G A CRITICAL ROI PTION OF GOVERI REPORTERS HAVE NCHISED AT ALL I VOCACY GROUPS	ON ELECTORAL AND YOUNG TY NEEDS IRI PROVIDE OVED VOTER OUTREACT AND ACTIVE MEDIA I LE IN ENSURING A LEGUMENT OFFICIALS AND THE SKILLS AND SUPPLEVELS OF POLITICS AND TRI WORKS TO EXPAN	ED THEM WITH H AND DEVELO S A POWERFU ITIMATE, PART POLITICAL PA FORT TO CARR ID CIVIC DEBA	I PUBLIC OPINION DPED ISSUE-BASED L AND INFLUENTIAL TICIPATORY AND RTIES IRI WORKED Y OUT THEIR DUTIES TE THROUGH
	· · ·		<b>(D</b> )						
4d		er program servic enses \$	•	schedule O) <b>See a</b> including grants o		<b>Data for Descr</b> 2,050,591)(F	-		١
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4e	rota	l program service	e expenses►\$	65,245,54	<b>o</b>				

Part TV	Checklist of	Required	Schedules
	CHCCKHSCOL	IXCUUII CU	Schlodales

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 😼	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance	

	Check if Schedule O contains a response to any question in this Part V		. ত	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 66			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
!a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3	Did the organization have unrelated business gross income of \$1,000 or more during the			
•	year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	AF , AL , AO , AJ , BG , BL , BK , CB , CH , CO , TT , ES , GG , GT , ID , IZ , JO , KZ , KE , KG , LE , LH , MK , MX , MD , MG , MO , NU , NI , MU , PK , PE , RS , LO , SF , SU , TU , UG , UP ,			
	If "Yes," enter the name of the foreign country ► VE, OC			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
3	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
h	organization solicit any contributions that were not tax deductible?			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	file Form 8282?	<del>/</del> C		INO
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
h	required?	7g		
	Form 1098-C?	7h		
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
o a	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b			
	facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
,	against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
1-	Did the organization receive any nayments for indoor tanning services during the tay year?	14-		NI a
+d	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . . . . . . . . . .

Se	ection A. Governing Body and Management			
			Yes	No
				_
		ı		
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		No
_	filed?	5		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .			No No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
	1. Fest to line 150 of 155, describe the process in Schedule 5 (See instructions)	ı		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17		NJ, NI	Μ,ΝΥ,	ОΗ,
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 20 SONYA VEKSTEIN COO 1225 EYE STREET NW SUITE 700 WASHINGTON, DC 20005 (202)408-9450

### <u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organ	sate	d any current office	er, director, or trust	ee						
(A) Name and Title	(B) Average hours		<b>(C)</b> Position (check all that apply)					( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	<b>(A)</b> Name and Title	(B) A verage hours per		(tion that a			ıll		(D) Reportable compensation	<b>(E)</b> Reportable compensation from related			
		week (describe hours for related organizations in Schedule O)	Individual trustee or director			from the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		compens from s rganizat relat organiza	:he on and ed			
See A	Additional Data Table												
						T							
				t				<del>                                     </del>					
				$\vdash$				$\vdash$					
				$\vdash$		$\vdash$							
				$\vdash$		H		$\vdash$			-		
1b	Sub-Total			<u> </u>	<u> </u>	_	<u> </u>	<u> </u>					
	Total from continuation sheets					•	<u> </u>						
d	Total (add lines 1b and 1c) .							<b>&gt;</b>	1,757,136		0	;	367,446
2	Total number of individuals (incl \$100,000 in reportable compen						above	) who	received more tha	n			
												Yes	No
3	Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sci					ey e	mploy •	ee, o	or highest compens	ated employee	3		No
4	For any individual listed on line organization and related organiz										4	Vac	
5									4	Yes			
	services rendered to the organiz									•	5		No
S	ection B. Independent Con	tractors											
1	Complete this table for your five \$100,000 of compensation from			ındep	ende	ento	contra	ctors	that received more	e than			

(A) Name and business address	(B) Description of services	(C) Compensation
ARDAN ENERGY SERVICES PO BOX 262286 DUBAI AE	SECURITY	9,609,824
PILGRIMS GROUP LIMITED LINKS BUSINESS CENTRE OLD WOKING R WOKING, SURRY UK	SECURITY	5,425,765
GREYSTONE LIMITED WHITEPARK HOUSE WHITEPARK RD BRDIGETOWN BB	SECURITY	2,313,050
MOBY MEDIA FZ-LLC PO BOX 502595 DUBAI AE	MEDIA SERVICES	673,434
XE SERVICES 1001 19TH ST 19TH FLOOR ARLINGTON, VA 22209	SECURITY	406,578
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 14

Ca	rm 990 (2		<b>D</b>					ĺ
b Membership dives 1b   355,003    c Fundinating events 1b   355,003    d Related organizations 1d   74,006,770    f All concentrations included above similar amounts of studied above similar amounts on studied above   7,006,770    f All concentrations included above   7,006,770    f All concentrations including dividends, interest   7,006,770    f Incompany   7,006,770	art VIII					Related or exempt function	Unrelated business	Revenue excluded from tax under sections 512,513,
Business Code    Description	r similar amounts	Membership dues Fundraising event Related organizati Government grants (co	1b s 1c ons 1d ontributions) 1e gifts, grants, and 1f	74,868,770				
2a b c d d f All other program service revenue g Total. Add lines 2a - 2f	and othe	Noncash contributions	ıncluded ın lines 1a-1f \$	. •	75,493,223			
3 Investment income (including dividends, interest and other similar amounts)	2a b			Business Code				
and other similar amounts)	e f							
b Less rental expenses c Rental income or (loss)	4	and other similar a	amounts)	<del> -</del>	1,331			1,331
Gioss amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss)  d Net gain or (loss)  d Net gain or (loss)  d Net gain or (loss)  b Less direct expenses . b g 59,889  c Net income or (loss) from fundraising events  for the function of the following sevents (loss) from fundraising events (loss) from gaming activities See Part IV, line 19 a g b Less direct expenses . b g 59,889  c Net income or (loss) from gaming activities See Part IV, line 19 a g b Less direct expenses . b g b Less cost of goods sold . b g c Net income or (loss) from gaming activities . b g b Less cost of goods sold . b g c Net income or (loss) from sales of inventory . b g b Less cost of goods sold . b g c Net income or (loss) from sales of inventory . b g b Less cost of goods sold . b g c Net income or (loss) from sales of inventory . c d All other revenue	ь	Less rental expenses Rental income	(ı) Real	(II) Personal				
than inventory b Less cost or other basis and sales expenses c Gam or (loss)  d Net gain or (loss)  f Contributions reported on line 1c)  See Part IV, line 18		Gross amount from sales of						
8a Gross income from fundraising events (not including \$ 359,003 of contributions reported on line 1c) See Part IV, line 18  a 0 b Less direct expenses b 59,889 c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 . a b Less direct expenses		than inventory Less cost or other basis and sales expenses						
9a Gross income from gaming activities See Part IV, line 19 . a  b Less direct expenses	8a	Gross income from (not including \$ 359,000 of contributions re	n fundraising events 3 - ported on line 1c) .8					
b Less direct expenses		Net income or (los	nses <b>b</b>	59,889	-59,889			-59,889
10a Gross sales of inventory, less returns and allowances .  a b Less cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a b c d All other revenue		Less direct expenses	b					
C Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a  b  c  d All other revenue		Gross sales of inv	entory, less nces .					
b c d All other revenue	С	Net income or (los	ss) from sales of inventory					
	b c	Allothor						
12 Total revenue. See Instructions	e	Total. Add lines 1	1a-11d	· •				

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations must omplete column (A) but are not required to $c$			(D)	
Do no	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$		·		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	2,586,872	2,586,872		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,296,732	882,720	414,012	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	10,836,820	7,394,065	3,442,755	
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	1,079,762	728,056	351,706	
9	Other employee benefits	2,897,841	1,953,939	943,902	
10	Payroll taxes	1,164,432	785,146	379,286	
а	Fees for services (non-employees) Management				
b	Legal	125,821	71,119	54,702	
С	Accounting	179,130	69,670	109,460	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	37,500			37,500
f	Investment management fees				
g	Other	9,568,883	9,444,555	124,328	
12	Advertising and promotion	15,625	10,525	5,100	
13	Office expenses	2,912,912	2,689,762	223,150	
14	Information technology	710,380	426,538	283,842	
15	Royalties				
16	Occupancy	6,442,119	4,020,445	<del>                                     </del>	
17	Travel	12,202,330	11,873,909	328,421	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,099,785	3,027,418	72,367	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	320,350		320,350	
23 24	Insurance	360,163	81,439	278,724	
а	SECURITY SERVICES	9,363,145	9,363,145		
b	FIELD OFFICE	5,873,873	5,873,873	<del>                                     </del>	
c	POLLING	2,481,088	2,481,088		-
d	EQUIPMENT RENTAL/MAINTE	1,553,007	1,376,551	176,456	
e	PUBLICATIONS & SUBSCRIP	117,025	62,171	54,854	
f	All other expenses	160,623	42,540	118,083	
25	Total functional expenses. Add lines 1 through 24f	75,386,218	65,245,546	· ·	37,500
26	Joint costs. Check here ► ☐ If following	1 = , = = = , = 10	==,=:5,=10		,
	SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation	L	<u> </u>	<u>I</u>	

Pa	rt X	Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			4,600	1	4,600
	2	Savings and temporary cash investments			4,184,298	2	5,030,795
	3	Pledges and grants receivable, net			3,845,004	3	2,019,118
	4	Accounts receivable, net			1,071,243	4	1,420,520
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	, key	employees, and			
		Schedule L				5	
	6	persons described in section $4958(c)(3)(B)$ , and contributing en sponsoring organizations of section $501(c)(9)$ voluntary employ organizations (see instructions)	s from other disqualified persons (as defined under section 4958(f scribed in section 4958(c)(3)(B), and contributing employers, and organizations of section 501(c)(9) voluntary employees' beneficians (see instructions)				
ets.		Schedule L				6	
Assets	7	Notes and loans receivable, net	•			7	
4	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			861,536	9	991,286
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	1,946,369			
	b	Less accumulated depreciation	10b	1,288,259	902,962	<b>10</b> c	658,110
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	_
	15	Other assets See Part IV, line 11			350,040	15	351,030
	16	Total assets. Add lines 1 through 15 (must equal line 34)			11,219,683	16	10,475,459
	17	Accounts payable and accrued expenses .			5,668,289	17	4,036,370
	18	Grants payable			690,937	18	1,080,872
	19	Deferred revenue			1,522,556	19	1,960,624
	20	Tax-exempt bond liabilities				20	
eS	21	Escrow or custodial account liability Complete Part IV of Schedule	e D .			21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lia		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			545,281	25	556,526
	26	Total liabilities. Add lines 17 through 25			8,427,063	26	7,634,392
Ses		Organizations that follow SFAS 117, check here ► 🔽 and complete through 29, and lines 33 and 34.	lete li	nes 27			
ā	27	Unrestricted net assets			2,663,812	27	2,705,833
8	28	Temporarily restricted net assets			128,808	28	135,234
Fund Balance	29	Permanently restricted net assets				29	
Ē		Organizations that do not follow SFAS 117, check here ► _ and	d com	plete			
2		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds	•			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
ě	33	Total net assets or fund balances			2,792,620	33	2,841,067
	34	Total liabilities and net assets/fund balances			11,219,683	34	10,475,459

FGI	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		75 4	134,66
2	Total expenses (must equal Part IX, column (A), line 25)	2			386,21
3	Revenue less expenses Subtract line 2 from line 1	3			48,44
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,7	792,62
5	Other changes in net assets or fund balances (explain in Schedule O)	5			,
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		2,8	341,06
Par	Time Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII		•	৮	
1				Yes	No
•	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of to audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		<b>2</b> c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	ssued			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	equired	3b	Yes	

DLN: 93493219003272

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

INTERNATIONAL REPUBLICAN INSTITUTE

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

52-1340267

**Employer identification number** 

1	$\sqcap$	A churc	h, conventi	on of churches, or as	sociation of	churches d	escribed in <b>s</b> e	ection 170(b	)(1)(A)(i).				
2	Γ	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )											
3	Γ	A hosp	ıtal or a coo	perative hospital ser	vice organiz	atıon descr	ıbed ın <b>sectio</b>	n 170(b)(1)	(A)(iii).				
4	Γ			n organization operat ty, and state	ed in conjun	ction with a	hospital desc	cribed in <b>sec</b>	tion 170(b)(1	L)(A)(	iii). Ente	r the	
5	Γ			erated for the benefit  A)(iv). (Complete Pa		or universi	ty owned or o	perated by a	a government	al unıt	describe	ed in	
6	$\Gamma$			local government or		al unit desc	rıbed ın <b>secti</b>	on 170(b)(1	.)(A)(v).				
7	<u>\</u>	An orga describ	anization tha ed in	at normally receives  A)(vi) (Complete Pa	a substantia					om the	e general	public	:
8	$\vdash$			described in <b>section</b>	-	<b>A)(vi)</b> (Cor	nplete Part II	)					
9				at normally receives					outions, meml	bershi	p fees, aı	nd gro	SS
				ities related to its ex									
		ıts sup	oort from gro	oss investment incor	me and unrel	ated busine	ss taxable in	come (less	section 511 t	ax) fro	m busine	esses	
				janization after June									
10	$\sqcap$	An orga	anızatıon org	ganized and operated	lexclusively	to test for	public safety	See <b>section</b>	509(a)(4).				
11	Γ	one or the box	more publicl	ganized and operated y supported organiza bes the type of supp <b>b</b> Type II	ations descri orting organi	ibed in sect ization and (	ion 509(a)(1)	or section s 11e throu	509(a)(2) Se gh 11h	e <b>sect</b>		a)(3).	Check
e f	Γ	other the section of the ocheck t	nan foundatı 509(a)(2) rganızatıon :hıs box	ox, I certify that the on managers and oth received a written de	etermination	or more pub	olicly supporte S that it is a <sup>-</sup>	ed organizat Type I, Type	ions describe	ed in se	ection 50	9(a)(:	1) or
g		followin	g persons?	rectly or indirectly co								Yes	No
		and (III	) below, the	governing body of th	e the suppor	ted organiza	ation?				11g(i)		
		(ii) a fa	mily membe	er of a person describ	oed in (i) abo	ve?					11g(ii)		
		(iii) a 3	5% control	led entity of a persor	n described i	n (ı) or (ıı) a	ibove?				11g(iii)		
h		Provide	the followir	ng information about	the supporte	ed organizat	ıon(s)						
	(i) Name suppo ganız	e of	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ted in rning	(v) Did you not organizati col (i) of suppor	ion in your	(vi) Is the organizati col (i) orga	ion in anized		A mo	<b>rii)</b> unt of port
				instructions))	Yes	No	Yes	No	Yes	No			
Tota													
						•	•	•	•	•			

## Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ection A. Public Support	ie organization	rails to quality t	inder the tests	iisted below, pi	ease complete	Part III.)
	endar year (or fiscal year beginning	, [					
Cuit	in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received (Do	75,160,36	81,724,752	96,131,650	85,478,428	75,493,223	413,988,420
	not include any "unusual grants ")						
2	Tax revenues levied for the						
-	organization's benefit and either						
	paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3	75,160,36	81,724,752	96,131,650	85,478,428	75,493,223	413,988,420
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5						413,988,420
	from line 4 ection B. Total Support			]			
	endar year (or fiscal year						
-	beginning in)	<b>(a)</b> 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	(e) 2010	(f) Total
7	A mounts from line 4	75,160,367	81,724,752	96,131,650	85,478,428	75,493,223	413,988,420
8	Gross income from interest,						
	dividends, payments received	47 526	FC 212	F 070	020	1 221	111.070
	on securities loans, rents, royalties and income from	47,536	56,212	5,979	920	1,331	111,978
	similar sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly						
	carried on				+		
10	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
11	Total support (Add lines 7						414,100,398
12	through 10)	tion ata (Canina	tructions \				
12	Gross receipts from related activi					12	
13	First Five Years If the Form 990 is check this box and stop here	s for the organizat	tion's first, second	i, tnira, tourth, or t	ittn tax year as a	501(c)(3) organiz	zation,
	encon time box and stop note						
	ection C. Computation of Pu						
14	Public Support Percentage for 20:	10 (line 6 column	(f) divided by line	11 column (f))		14	99 970 %
15	Public Support Percentage for 200	09 Schedule A, P	art II, line 14			15	99 970 %
16a	<b>33 1/3% support test—2010.</b> If th				line 14 is 33 1/3%	% or more, check t	
_	and <b>stop here.</b> The organization qu	•	, ,,		a and line 1 Fig.	2.2 4/20/ 25 52 52	
D	<b>33 1/3% support test—2009.</b> If the box and <b>stop here.</b> The organization				oa, and line 15 is	33 1/3% of more,	check this ▶□
17a	10%-facts-and-circumstances tes				ne 13, 16a, or 16	b and line 14	-,
	is 10% or more, and if the organiz						
	in Part IV how the organization me						
	organization						<b>►</b> □
b	10%-facts-and-circumstances tes						
	15 is 10% or more, and if the organize Explain in Part IV how the organize						
	supported organization	acion meets the	iacts allu circums	cances test INE	organization qua	imes as a publicly	<b>⊩</b> ⊏
18	Private Foundation If the organization	ation did not chec	k a box on line 13	, 16a, 16b, 17a o	r 17b, check this	box and see	- 1
	instructions			,,,	,		<b>▶</b> □

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported

33 1/3% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

**▶**□

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

# Software ID: Software Version:

**EIN:** 52-1340267

Name: INTERNATIONAL REPUBLICAN INSTITUTE

## Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	Independ	ent Co	ntr	acto	ors					
(A) Name and Title	(B) Average hours	Posi t	tion (	che	')			(D) Reportable compensation	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
SENATOR JOHN MCCAIN CHAIRMAN	1 00	Х		х				0	0	0
RICHARD S WILLIAMSON VICE CHAIRMAN	1 00	Х		х				0	0	0
J WILLIAM MIDDENDORF II SECRETARY-TREASURER	1 00	Х		Х				0	0	0
THOMAS M BARBA GENERAL COUNSEL	1 00	Х		х				0	0	0
GAHL HODGES BURT DIRECTOR	1 00	Х						0	0	0
REPRESENTATIVE DAVID DREIER DIRECTOR	1 00	Х						0	0	0
FRANK J FAHRENKOPF JR DIRECTOR	1 00	Х						0	0	0
ALISON B FORTIER DIRECTOR	1 00	Х						0	0	0
SENATOR LINDSEY GRAHAM DIRECTOR	1 00	Х						0	0	0
REPRESENTATIVE KAY GRANGER DIRECTOR	1 00	Х						0	0	0
JANET MULLINS GRISSOM DIRECTOR	1 00	Х						0	0	0
CHERYL F HALPERN DIRECTOR	1 00	Х						0	0	0
AL HOFFMAN DIRECTOR	1 00	Х						0	0	0
WILLIAM J HYBL DIRECTOR	1 00	Х						0	0	0
SENATOR MARK KIRK DIRECTOR	1 00	Х						0	0	0
JIM KOLBE DIRECTOR	1 00	Х						0	0	0
MICHAEL KOSTIW DIRECTOR	1 00	Х						0	0	0
TAMI LONGABERGER DIRECTOR	1 00	Х						0	0	0
PETER T MADIGAN DIRECTOR	1 00	Х						0	0	0
STEPHAN M MINIKES DIRECTOR	1 00	Х						0	0	0
CONSTANCE BERRY NEWMAN DIRECTOR	1 00	Х						0	0	0
ALEC L POITEVINT II DIRECTOR	1 00	Х						0	0	0
JOHN FW ROGERS DIRECTOR	1 00	Х						0	0	0
RANDY SCHEUNEMANN DIRECTOR	1 00	Х						0	0	0
JOSEPH R SCHMUCKLER DIRECTOR	1 00	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	T -				0.3			1		
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)				( <b>D</b> ) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
BRENT SCOWCROFT DIRECTOR	1 00	Х						0	0	0
GORDON SMITH DIRECTOR	1 00	Х						0	0	0
MARGARET TUTWILER DIRECTOR	1 00	X						0	0	0
OLIN L WETHINGTON DIRECTOR	1 00	Х						0	0	0
LORNE W CRANER PRESIDENT	40 00			Х				204,520	0	59,152
JUDY VAN REST EXEC VICE PRESIDENT	40 00			х				167,917	0	41,737
HAROLD W COLLAMER COO	40 00			Х				154,672	0	24,386
SONYA VEKSTEIN CFO/COO	40 00			Х				140,052	0	51,146
THOMAS GARRETT VP FOR PROGRAMS	40 00			Х				139,250	0	30,752
DANIEL FISK VP FOR POLICY & STRATEGIC PLANNING	40 00			х				136,153	0	18,229
SABINA AGARUNOVA CFO	40 00			х				98,702	0	30,064
JOHANNA KAO RESIDENT COUNTRY DIRECTOR	40 00					Х		174,776	0	20,771
HANS HOLZEN RESIDENT COUNTRY DIRECTOR	40 00					Х		150,934	0	14,799
PAUL MCCARTHY RESIDENT COUNTRY DIRECTOR	40 00					Х		133,420	0	22,060
STEPHEN NIX REGIONAL PROGRAM DIRECTOR	40 00					Х		129,021	0	30,157
JAN SUROTCHAK REGIONAL PROGRAM DIRECTOR	40 00					х		127,719	0	24,193

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code ) (Expenses \$ 44,462,497 including grants of \$ 2,050,591) (Revenue \$ )

OTHER PROGRAM SERVICES INCLUDE WORK CONDUCTED IN SUDAN, EGYPT, CAMBODIA, JORDAN AND OTHER COUNTRIES

DLN: 93493219003272

OMB No 1545-0047

Open to Public

**SCHEDULE D** (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Supplemental Financial Statements** 

tema	l Revenue Service	► Attach to F	orm 990. 🕨 See separa	te instructions.		Inspect	ion
	me of the organi				Employer ident	ification numbe	r
INT	ERNATIONAL REPUB	LICAN INSTITUTE			52-1340267		
Pa	rt I Organ	izations Maintaining Donor A	dvised Funds or (	Other Similar Fu		ı <b>nts.</b> Complet	e if the
	organiz	zation answered "Yes" to Form 99	T '				
			(a) Donor adv	rised funds	( <b>b)</b> Funds a	nd other accou	nts
•	Total number a						
<u>.</u>		tributions to (during year) hts from (during year)					
<b>,</b> ļ		e at end of year					
;	Did the organiz	zation inform all donors and donor advinganization's property, subject to the			or advised	☐ Yes	□ No
j	Did the organiz	zation inform all grantees, donors, and haritable purposes and not for the ben ermissible private benefit	donor advisors in writi	ng that grant funds		┌ Yes	┌ No
Pai	rt III Conse	rvation Easements. Complete	ıf the organization a	answered "Yes" to	o Form 990, Pai	rt IV, line 7.	
2	Protection Preservati Complete lines	on of land for public use (e g , recreating of natural habitat on of open space 3 2a-2d if the organization held a qual the last day of the tax year	` Г	Preservation of a c	certified historic s	tructure	a
	casement on th	ne last day of the tax year		[	Held at	the End of the	Year
а	Total number o	of conservation easements			2a		
b	Total acreage	restricted by conservation easements			2b		
c	Number of con	servation easements on a certified his	storic structure include	ed ın (a)	2c		
d	Number of cons	servation easements included in (c) a	cquired after 8/17/06		2d		
3	Number of cons	servation easements modified, transfe	erred, released, extingi	uished, or terminate	d by the organizat	tıon durıng	
	the taxable yea	ar ►					
ŀ	Number of stat	es where property subject to conserva	ation easement is loca	ted <b>►</b>			
5		nization have a written policy regarding f the conservation easements it holds		ng, inspection, hand	dling of violations,	and <b>Yes</b>	┌ No
•	Staff and volun	teer hours devoted to monitoring, insp	pecting and enforcing o	conservation easem	ents during the ye	ear <b>►</b>	
•	A mount of exp	enses incurred in monitoring, inspecti	ng, and enforcing cons	ervation easements	during the year l	<b>►</b> \$	
3		servation easement reported on line 2 ) and 170(h)(4)(B)(II)?	2(d) above satisfy the	requirements of sec	tion	☐ Yes	┌ No
)	balance sheet,	escribe how the organization reports c and include, if applicable, the text of i n's accounting for conservation easer	the footnote to the orga				
ar		izations Maintaining Collection ete if the organization answered			or Other Simil	lar Assets.	
la	If the organizat art, historical t	tion elected, as permitted under SFAS reasures, or other similar assets held t XIV, the text of the footnote to its fir	116, not to report in i	ts revenue stateme ducation or researd	ch in furtherance o		2,
b	If the organizations in the storical treas	tion elected, as permitted under SFAS sures, or other similar assets held for lowing amounts relating to these items	116, to report in its republic exhibition, educ	evenue statement a	nd balance sheet	•	
	(i) Revenues I	ncluded in Form 990, Part VIII, line 1			<b>►</b> \$ _		
		luded in Form 990, Part X					
<u> </u>		tion received or held works of art, hist nts required to be reported under SFA					·

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	<u>stori</u>	<u>cal Tı</u>	reasu	res, or O	the	<u>r Similar As</u>	sets (	continued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	he fol	owing	that are	e a significa	ant u	se of its collect	ion	
а	Public exhibition		d	Γ	Loan	or exch	nange progi	rams			
b	Scholarly research		e	Γ	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	in ho	w the	y furthe	er the o	rganızatıor	ı's ex	empt purpose i	n	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									_ Yes	┌ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Y	es" to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	edıary	for c	ontribi	utions o	or other ass	etsı	not 	_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follov	ving t	able		Г		Δm	ount	
С	Beginning balance						-	1c	7	iou.i.c	
d	Additions during the year						-	1d			
e	Distributions during the year						F	1e			
f							-	1f			
	Ending balance	orm 000 Dart V III	A 7 1 7	,			L	-11	<u> </u>		
2a	Did the organization include an amount on Fo		e 21 /						ļ	res	j NO
	If "Yes," explain the arrangement in Part XIV				-d "Va	o" to F		Day	+ TV line 10		
Ра	rt V Endowment Funds. Complete	(a)Current Year		)Prior			o Years Back			(e)Four	Years Back
1a	Beginning of year balance	(4)-111-111-111		,		(-,		1(-,		(-)	
ь	Contributions										
С	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
С	Term endowment ▶										
За	Are there endowment funds not in the posses organization by	ssion of the organiz	atıon	that	are hel	d and a	dmınıstere	d for	the	Yes	s No
	(i) unrelated organizations								За(	i)	
	(ii) related organizations								3a(	<del></del>	<u> </u>
_	If "Yes" to 3a(II), are the related organizatio	•						•	3Ł		
4	Describe in Part XIV the intended uses of th										
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S	See F	orm 9	990, Pa	art X, line T	10.			
	Description of investment				i) Cost o sis (inve	or other stment)	(b)Cost or basis (oth		(c) Accumulated depreciation	(d)	Book value
1a	Land										
b	Buildings										
c	Leasehold improvements		•				632	2,058	417,99	90	214,068
d	Equipment		•				992	2,185	708,6	52	283,523
	Other						322	2,126	161,60	07	160,519
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, colui	mn (B	), line	10(c).	)			▶		658,110
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	rm 990, Part X, colui	mn (B <sub>,</sub>	), line	10(c).	)		•	► Schedule D	(Form	

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.	J
(a) Description of security or category	( <b>b)</b> Book value		d of valuation
(including name of security)		Cost or end-of	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
(a) Description of investment type	(b) Book value	Cost or end-of	-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:	ne 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	ne 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	75,434,66
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	75,386,21
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	48,44
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	(
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	48,44
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Ret	
1	Total revenue, gains, and other support per audited financial statements	1	76,287,06
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	852,40
3	Subtract line <b>2e</b> from line <b>1</b>	3	75,434,66!
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	(
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	75,434,66!
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Re	
1	Total expenses and losses per audited financial statements	1	76,238,620
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	852,40
3	Subtract line <b>2e</b> from line <b>1</b>	3	75,386,21
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)	]	
c	Add lines <b>4a</b> and <b>4b</b>	4c	(
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	75,386,21
	rt XIV Supplemental Information		
Cor	mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines $1a$ and $4$ , P	art IV , lin	es 1b and 2b,

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	IRI IS GENERALLY EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE IN ADDITION, IRI QUALIFIES FOR THE CHARITABLE CONTRIBUTIONS DEDUCTIONS AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION INCOME, WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES IRI HAD NO NET UNRELATED BUSINESS INCOME FOR THE YEARS ENDED SEPTEMBER 30, 2011 AND 2010 IRI FOLLOWS THE ACCOUNTING STANDARD FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS UNDER THIS GUIDANCE, IRI MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS MANAGEMENT EVALUATED IRI'S TAX POSITIONS AND CONCLUDED THAT IRI HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE GENERALLY, IRI IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE US FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2008
PART XII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSES REPORTED ON LINE 8B 59,889
PART XIII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSES REPORTED ON LINE 8B 59,889

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As Filed Data -

DLN: 93493219003272

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

Statement of Activities Outside the United States

Name of the organization INTERNATIONAL REPUBLICAN INSTITUTE

**Employer identification number** 

52-1340267

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**2** For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in	(e) If activity listed in (d) is a	(f) Total
<i>、、、、</i>	offices in the region	employees or agents in region or independent contractors	region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program service, describe	expenditures for region/investments in region
CENTRAL AMERICA AND THE CARIBBEAN	2	13	PROGRAM SERVICES	DEMOCRACY ASSISTANCE	1,172,02
CENTRAL AMERICA AND THE CARIBBEAN			GRANTMAKING		256,26
EAST ASIA AND THE PACIFIC	7	41	PROGRAM SERVICES	DEMOCRACY ASSISTANCE	4,057,49
EAST ASIA AND THE PACIFIC			GRANTMAKING		851,31
EUROPE (INCLUDING ICELAND & GREENLAND)	3	10	PROGRAM SERVICES	DEMOCRACY ASSISTANCE	1,618,21
EUROPE (INCLUDING ICELAND & GREENLAND)			GRANTMAKING		28,61
MIDDLE EAST AND NORTH AFRICA	10	102	PROGRAM SERVICES	DEMOCRACY ASSISTANCE	15,238,50
MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		130,46
NORTH AMERICA	1	8	PROGRAM SERVICES		799,50
RUSSIA & THE NEWLY INDEPENDENT STATES	8	45	PROGRAM SERVICES	DEMOCRACY ASSISTANCE	4,104,76
RUSSIA & THE NEWLY INDEPENDENT STATES			GRANTMAKING		130,23
SOUTH AMERICA	3	27	PROGRAM SERVICES	DEMOCRACY ASSISTANCE	3,139,44
SOUTH AMERICA			GRANTMAKING		51,69
SOUTH ASIA	4	42	PROGRAM SERVICES	DEMOCRACY ASSISTANCE	8,375,71
SOUTH ASIA			GRANTMAKING		123,00
SUB-SAHARAN AFRICA	8	49	PROGRAM SERVICES	DEMOCRACY ASSISTANCE	11,368,37
SUB-SAHARAN AFRICA			GRANTMAKING		1,015,28
Sub-total	22	166			23,352,90
Total from continuation sheets to Part I	24	1/1			29,108,01
: <b>Totals</b> (add lines 3a and 3b)	46	337			52,460,91

onicació i	(101111350) 2010
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
	Use Part V if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	<b>(c)</b> Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	See Add'l Data								

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, re		
	tax-exempt by the IRS, or for which the grantee or counsel has provided a section $501(c)(3)$ equivalency letter .		

31

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(	a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

### Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u>~</u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	⊽	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	굣	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	ি	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	ি	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713)	⊽	Yes	Г	Νo

Schedule F (Form 990) 2010

Schedule F (Form 990) 2010

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 IRI EVALUATES FINANCIAL RISK AND PERFORMS MANAGEMENT ASSESSMENT OF GRANTEES MONITORING IS ESTABLISHED BASED ON RISK FACTORS GRANTEES SUBMIT NARRATIVE AND FINANCIAL REPORTS ACCORDING TO ESTABLISHED SCHEDULE PERFORMANCE IS EVALUATED AND MONITORED REGULARLY PROGRAM STAFF PERFORMS ON-SITE VISITS TO EVALUATE PROGRAM ACTIVITIES FIELD OFFICES REPORT FINANCIAL TRANSACTIONS ON A MONTHLY BASIS FINANACIAL OVERSIGHT IS PROVIDED BY A REGIONAL ACCOUNTANT IN THE FIELD AND HQ ACCOUNTING DEPARTMENT IN DC PROGRAM AND FINANCIAL STAFF VISIT FIELD OFFICE ON A REGULAR BASIS

Identifier	Return Reference	Explanation
OTHER	SCHEDULE F,	SCHEDULE F, PART IV, LINE 6 THE ORGANIZATION HAS FILED FORM 5713 UNDER SEPARATE COVER
INFORMATION	PART V	TO THE IRS THE ORGANIZATION IS NOT REQUIRED TO FILE FORM 990-T

Schedule F (Form 990) 2010

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 52-1340267

Name: INTERNATIONAL REPUBLICAN INSTITUTE

### Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		CENTRAL AMERICA	STRENGTHENING CIVIC	256,260	BANK WIRE			
		I	PARTICIPATION					
		THE PACIFIC	ENCOURAGE DEMOCRATIC MULTI-PARTY SYSTEMS AND RAISE POLITICAL AWARENESS	32,000	BANK WIRE			

, Form 990 Schedu	le F Part II	- Grants or Entitie						
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		THE PACIFIC	PROMOTE DEMOCRACY AND ETHNIC EQUALITY AND NURTURE NEW GENERATION OF LEADERS	,	BANK WIRE			
		THE PACIFIC	SUPPORT DEMOCRACY WORK AND DEMOCRATIC TRANSITION	<b>'</b>	BANK WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States												
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)				
		EAST ASIA AND THE PACIFIC	ENCOURAGE A HEALTHY POLITICAL OPPOSITION	110,000	BANK WIRE							
		THE PACIFIC	SUPPORT FEDERALISM AND ETHNIC COOPERATION	10,000	BANK WIRE							

, Form 990 Schedu	le F Part II	- Grants or Entition	ies Outside The Uni	ited States	_	_	_	
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		THE PACIFIC	ENCOURAGE YOUTH POLITICAL PARTICIPATION	113,286	BANK WIRE			
		THE PACIFIC	PROMOTE TRANSPARENCY IN LOCAL GOVERNANCE, ELECTIONS AND POLICY DEVELOPMENT	1 ' 1	BANK WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States									
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)	
		THE PACIFIC	PROMOTING EFFECTIVE GRASSROOTS CIVIL SOCIETY AND GOVERNANCE	,	BANK WIRE				
		THE PACIFIC	ENCOURAGE WOMEN TO RUN IN ELECTIONS	1	BANK WIRE				

, Form 990 Scheau	He L bart II	- Grants or Entitle	as Outside The Un	ited States		_	_	_
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		THE PACIFIC	IMPROVE POLICY RESEARCH AND ANALYSIS	128,000	BANK WIRE			
		THE PACIFIC	MONITOR POLITICAL DISSENT AND SOCIAL PROTEST	65,000	BANK WIRE			

, Form 990 Schedu	le F Part II	- Grants or Entitle	s Outside The Un	ited States	_		_	· .
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		THE PACIFIC	PROMOTE EFFECTIVE GRASSROOTS CIVIL SOCIETY AND GOVERNANCE	,	BANK WIRE			
		(INCLUDING ICELAND & GREENLAND)	ENCOURAGE WOMEN'S POLITICAL AND CIVIC PARTICIPATION	22,000	BANK WIRE			

Form 990 Schedu	ıle F Part II	- Grants or Entitie	es Outside The Unit	ted States				_
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		(INCLUDING ICELAND &	INCREASE WOMEN'S CIVIC/POLITICAL PARTICIPATION	6,615	BANK WIRE			
		NORTH AFRICA	ENCOURAGE WOMEN'S AND CIVIL SOCIETY'S PARTICIPATION	8,467	BANK WIRE			

, Form 990 Scheau	ie i part II	- Grants or Entitle	s Outside The Un	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		NORTH AFRICA	MONITOR HUMAN RIGHTS VIOLATIONS	22,000	BANK WIRE			
		NORTH AFRICA	STRENGTHEN MEDIA STANDARDS AND ELECTION COVERAGE	100,000	BANK WIRE			

Form 990 Schedu	ıle F Part II	- Grants or Entitic	es Outside The Unit	ted States		_		
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		NEWLY INDEPENDENT	ENCOURAGE THE FREE FLOW OF INFORMATION AND NEWS	,	BANK WIRE			
		NEWLY INDEPENDENT	ENCOURAGE PARTY PLATFORM, ISSUE DEVELOPMENT	15,000	BANK WIRE			

, Form 990 Schedu	le F Part II	- Grants or Entitie	es Outside The Uni	ited States	_	_	_	· .
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(1) Method of valuation (book, FMV, appraisal, other)
		NEWLY	STRENGTHEN POLITICAL PARTIES	20,198	BANK WIRE			
		NEWLY INDEPENDENT STATES	STRENGTHEN WOMEN'S LEADERSHIP SKILLS AND INCREASE WOMEN'S RATE ON CANDIDATE LISTS	·	BANK WIRE			

, Form 990 Scheav	He L Latt II	- Grants or Entitle	is outside The Uni	itea States	_		_	_
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NEWLY	ENCOURAGE YOUTH POLITICAL PARTICIPATION	26,000	BANK WIRE			
		NEWLY	ENCOURAGE YOUTH POLITICAL PARTICIPATION	27,886	BANK WIRE			

, Form 990 Schedu	le F Part II	- Grants or Entiti	es Outside The Uni	ited States				· .
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
			STRENGTHEN POLITICAL PARTIES' REPRESENTATION AND RELATIONS WITH VOTERS AND THEIR REGIONS	51,697	BANK WIRE			
		SOUTH ASIA	INCREASE WOMEN'S PARTICIPATION IN ECONOMIC AND CIVIL LIFE	,	BANK WIRE			

Form 990 Schedu	Form 990 Schedule F Part II - Grants or Entities Outside The United States									
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)		
			STRENGHTHEN POLITICAL PARTIES	115,000	BANK WIRE					
		AFRICA	INCREASE PARTICIPATION OF WOMEN IN LEADERSHIP		BANK WIRE					

Form 990 Scheal	ile L balt II	- Grants or Entiti	es outside i ne oni	tea States	_	_	_	_
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		SUB-SAHARAN AFRICA	PROMOTE A FREE AND OPEN SOCIETY BASED ON RULE OF LAW AND GOVERNANCE	24,509	BANK WIRE			
		SUB-SAHARAN AFRICA	SUPPORT OPEN/TRANSPARENT ELECTIONS	536,281	BANK WIRE			

, Form 990 Scheau	ie r Part II ·	- Grants or Entitle	is outside the on	ited States				_
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUPPORT CIVIL SOCIETY	438,930	BANK WIRE			

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DLN: 93493219003272

2010

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

**SCHEDULE G** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

**Open to Public** 

nternal Revenue Service	Attach	to Form 990 or Form 99	0-EZ. 🏲 See separate instruct	ions.	Inspection
Name of the organization				Employer iden	ntification number
INTERNATIONAL REPUB	LICAN INSTITUTE			52-1340267	
Part I Fundraising	<b>Activities.</b> Complete	e if the organiza	tion answered "Ves"		 line 17
					, iiile 17.
	organization raised funds		_		
<b>a</b> Mail solicitations			Solicitation of nor	-	
<b>b</b> Internet and e-m		f	Solicitation of gov	<del>-</del>	
c Phone solicitatio		g	Special fundraisir	ig events	
<b>d</b>	ations				
<b>2a</b> Did the organization I or key employees list	have a written or oral agre ted in Form 990, Part VII				Γ <sub>Yes</sub> Γ <sub>N</sub>
	nighest paid individuals or t least \$5,000 by the orga				
(i) Name and address of individual or entity (fundraiser)	of (ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes No			
THE EUDY COMPANY 211 N UNION STREET 20	FREEDOM AWARD DINNER	No	359,003	37,500	321,503
ALEXANDRIA, VA 22314					
Гotal		🕨	359,003	37,500	321,503
licensing	h the organization is regis				
AK, AL, AR, AZ, CA, CO, C JT, VA, WA, WI, WV					

			(a) Event #1  FREEDOM AWARD DINNER 2010	(b) Event #2 FREEDOM AWARD DINNER 2011	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
			(event type)	(event type)	(total number)	
E E	1	Gross receipts	224,003	135,000		359,000
Revenue	2	Less Charitable contributions	224,003	135,000		359,00
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
မှာ	5	Non-cash prizes	236	2,066		2,302
»use	6	Rent/facility costs	16,064	·		16,064
Expenses	7	Food and beverages	34,837	,		34,837
D Leg	8	Entertainment				
Δ	9	Other direct expenses .	6,296	390		6,686
	10	Direct expense summary Add lin	ies 4 through 9 in column	(d)	🛌	59,889
	11	Net income summary Combine li	nes 3 and 10 ın column (	d)		-59,889
Par	t III	<b>Gaming.</b> Complete if the oil \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
<u> </u>	1 (	Gross revenue				
မွာ	2	Cash prizes				
sesued	3 1	Non-cash prizes				
மி	<b>4</b> F	Rent/facility costs				
Direct	5	Other direct expenses				
	6 \	Volunteer labor	┌ Yes <u>%</u>	∀es	∀es	_
	7 [	Direct expense summary Add line	s 2 through 5 in column (	d)	•	
	8 1	Net gaming income summary Com	ibine lines 1 and 7 in colu	ımn (d)	<u> ►</u>	
9		r the state(s) in which the organize				
a b		ne organization licensed to operate				

11	Does the organization operate g	aming activities with nonmembers? .		· · · · Fyes Fno
12		neficiary or trustee of a trust or a men		
	formed to administer charitable	gamıng?		···· Fyes Fno
13	Indicate the percentage of gami			
а				
b				
14	Provide the name and address o records	f the person who prepares the organiza	ation's gaming/special events book	s and
	Name 🟲			
	Address ►			
15a	Does the organization have a co	ntract with a third party from whom the	e organization receives gaming	
104				Гу., Г <sub>М</sub> .
ь		ming revenue received by the organiza		
		ned by the third party 🟲 \$		
c	If "Yes," enter name and addres	· · · · · · · · · · · · · · · · · · ·		
	Name ►			
	Address ►			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation	<b>▶</b> \$		
	Description of services provided	· · · · · · · · · · · · · · · · · · ·		
	Director/officer	<b>□</b> Employee	T Independent contractor	
17	Mandatory distributions	er state law to make charitable distrib	utions from the gaming proceeds to	
а	retain the state gaming license?		utions from the gaming proceeds to	
ь		required under state law distributed	to other exempt organizations or sn	Yes No
		t activities during the tax year > \$	to other exempt organizations or sp	ent
Pai		provide additional information for	responses to question on Sch	edule G (see
	instructions.)			· 
	Identifier	ReturnReference	Explana	tion
	LANATION OF FUNDRAISING	SCHEDULE G, PART I, LINE 2B,	PAYMENTS ARE MADE TO THE F	
PAY	MENTS	COLUMN (V)	PROFESSIONAL SERVICES RELA	ATED TO THE
SPE	CIAL EVENT DETAIL	SCHEDULE G, PART II	EVENT #1 IRI'S FREEDOM AWA HONORING FORMER SECRETAR SHULTZ WAS HELD ON OCTOBE OF IRI'S FISCAL YEAR 2011 SC	Y OF STATE GEORGE P R 4, 2010, THE BEGINNING
			EXPENSES HAVE BEEN REPORT EVENT #2 IRI'S FREEDOM AWA HONORING FORMER SECRETAR BAKER AND LAWRENCE EAGLEE	ED IN PRIOR 990 FILINGS RD DINNER 2011 IES OF STATE, JAMES A BURGER WAS HELD ON
			NOVEMBER 10, 2011, AFTER IR HOWEVER, AMOUNTS REPORTE CONTRIBUTIONS RECEIVED AN DURING IRI'S FISCAL YEAR 201	D REFLECT ID EXPENSES INCURRED

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DLN: 93493219003272

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

INTERNATIONAL REPUBLICAN INSTITUTE 52-1340267 **Questions Regarding Compensation** Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain **1**b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment from the organization or a related organization? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo **4**c Participate in, or receive payment from, an equity-based compensation arrangement? Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? **5**a Νo Any related organization? 5b Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo

section 53 4958-6(c)?

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	( <b>F)</b> Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) LORNE W CRANER	(ı) (ıı)	202,982 0	0	1,538 0	37,500 0	21,652 0	263,672 0	(
(2) JUDY VAN REST	(ı) (ıı)	165,937 0	0	1,980 0	33,500 0	8,237 0	209,654 0	(
(3) HAROLD W COLLAMER	(ı) (ıı)	148,491 0	0	6,181 0	19,125 0	5,261 0	179,058 0	(
(4) SONYA VEKSTEIN	(ı) (ıı)	139,362 0	0	690 0	31,000 0	20,146 0	191,198 0	(
(5) THOMAS GARRETT	(ı) (ıı)	137,618 0	0	1,632 0	22,250 0	8,502 0	170,002 0	(
(6) DANIEL FISK	(ı) (ıı)	135,463 0	0	690 0	10,500 0	7,729 0	154,382 0	(
(7) JOHANNA KAO	(ı) (ıı)	88,029 0	0	86,747 0	8,975 0	11,796 0	195,547 0	(
(8) HANS HOLZEN	(ı) (ıı)	89,679 0	0	61,255 0	9,030 0	5,769 0	165,733 0	(
(9) PAUL MCCARTHY	(ı) (ıı)	79,193 0	0	54,227 0	8,132 0	13,927 0	155,479 0	(
(10) STEPHEN NIX	(ı) (ıı)	128,331	0	690 0	13,097 0	17,060 0	159,178 0	(
(11) JAN SUROTCHAK	(ı) (ıı)	96,964 0	0	30,755 0	9,909	14,283 0	151,911 0	(
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

## Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 1A	SOME RESIDENT COUNTRY DIRECTORS RECEIVED HOUSING ALLOWANCE, WHICH IS TAXABLE

Schedule J (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

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2010

Open to Public Inspection

## **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization INTERNATIONAL REPUBLICAN INSTITUTE **Employer identification number** 

52-1340267

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		IT IS IRI'S POLICY THAT IRI'S BOARD OF DIRECTORS REVIEWS THE IRS FORM 990 THAT IS FILED ON THE ORGANIZATIONS BEHALF BEFORE IT IS FILED WITH THE IRS A BOARD RESOLUTION IS NOT REQUIRED IN ORDER FOR THE FORM 990 TO BE FILED THE MEANS OF DELIVERY SHALL BE VIA EMAIL TO EACH DIRECTOR'S EMAIL ADDRESS BEFORE THE FORM 990 IS DELIVERED TO THE IRI'S BOARD OF DIRECTORS, THE FORM IS REVIEWED BY THE MEMBERS OF THE AUDIT COMMITTEE. THE FORM 990 IS DELIVERED TO THE AUDIT COMMITTEE VIA EMAIL TO EACH COMMITTEE MEMBER'S EMAIL ADDRESS

Identifier Return Referen	Explanation e
FORM 990 PART VI, SECTION E LINE 12C	EMPLOYEES ARE TO MAINTAIN A HIGH STANDARD OF ETHICAL BUSINESS PRACTICES IN ALL INSTITUTE OPERATIONS ACTIVITIES, ACTIONS, OR BUSINESS INTERESTS THAT JEOPARDIZE OR OVERLAP THE INTERESTS OF THE INSTITUTE ARE A BASIS FOR CONFLICT AND ARE PROHIBITED TO AVOID ANY POTENTIAL CONFLICTS OF INTEREST, EMPLOYEES ARE PROHIBITED FROM ENGAGING IN ANY OUTSIDE ACTIVITIES OR EMPLOYMENT THAT MAY MATERIALLY INTERFERE WITH THE EFFECTIVE PERFORMANCE OF INSTITUTE RESPONSIBILITIES OR WHICH CLEARLY ARE NOT COMPATIBLE WITH THE INSTITUTE'S BEST INTERESTS THE PRESIDENT SHOULD BE NOTIFIED IMMEDIATELY OF ANY POTENTIAL CONFLICTS OF INTEREST IRI DOES NOT PROHIBIT THE HIRING OF INDIVIDUALS RELATED TO EXISTING IRI STAFF HOWEVER, SUCH INDIVIDUALS CANNOT BE CONSIDERED FOR POSITIONS WHERE THE HIRING DECISION WOULD BE MADE BY A RELATIVE IN ADDITION, RELATIVES MAY NOT WORK IN POSITIONS THAT WOULD ENTAIL A SUPERVISOR/SUBORDINATE RELATIONSHIP

Identifier	Return Reference	Explanation
	1	THE CHAIR OF THE COMPENSATION COMMITTEE OF IRI'S BOARD REVIEWED THE COMPARABILITY OF DATA FOR THE COMPENSATION LEVELS OF IRI'S PRESIDENT AND ALL OTHER OFFICERS, INTERVIEWED ALL OFFICERS AND PRESENTED HIS FINDINGS TO THE FULL BOARD FOR DISCUSSION AND APPROVAL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS

ldentifier	Return Reference	Explanation
THE NUMBER OF VOLUNTEERS	FORM 990, PART I, LINE 6	NUMBER OF VOLUNTEERS IS BASED ON IN-KIND CONTRIBUTIONS RECOGNIZED FOR FISCAL YEAR 2011